



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**DATE OF REVIEW:** 7/18/2012

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Repeat psychological testing and repeat psychological diagnostic interview

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Board of Examiners of Psychologists

### **REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☐ Upheld (Agree)  
☒ Overturned (Disagree)  
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 7/6/2012,
2. Notice of assignment to URA 7/5/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 7/6/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 7/6/2012
6. Letter from insurance company 7/10/2012, letter from utilization management group 6/11/2012, medical review 6/8/2012, letter from utilization management group 6/7/2012, 6/5/2012, medical review 6/5/2012, request for repeat diagnostic interview 5/31/2012, medical information 5/17/2012, 5/14/2012, physical performance evaluation 12/27/2011, medical information 12/21/2011, 12/13/2011, prescription form orthopedic surgeon 12/9/2011, notes on follow-up visit 12/1/2011, medical information 11/18/2011, 11/15/2011, 11/3/2011, letter from orthopedic surgeon 10/24/2011, medical information 10/7/2011, 9/27/2011, 9/19/2011, 9/8/2011, 7/15/2011, 6/29/2011, 6/10/2011, 3/22/2011, 1/3/2011, operative report 11/5/2010, medical information 10/19/2010, 9/23/2010, 8/25/2010, 10/4/2010, 7/10/2010, 7/5/2010.

### **PATIENT CLINICAL HISTORY:**

The patient is a male who sustained an injury on xx/xx/xx when he was hit by an overhead beam that fell causing him to be thrown back three to four feet. He reportedly landed on his shoulder when he fell. Prior evaluations noted that he had received diagnostics, physical therapy, a myelogram, a rotator cuff



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repair surgery, and medications for his injury. A psychosocial evaluation dated 12/27/11 notes that his pain level was 8/10, he demonstrated fear-avoidance issues, and he had a BDI of 29 and BAI of 22. A Physical Performance Evaluation Summary dated 12/27/11 was submitted and noted that he was not at his required functional level. A note dated 5/17/12 states that he was taking Cymbalta, Lyrica, and Motrin. He was most recently noted to have Low Back Pain and Traumatic tear of rotator cuff and a pain management program was recommended. There are only two notes submitted from 2012.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The injured employee has had significant treatment for this injury. He is reporting significant symptoms of psychological distress and high pain levels. He has reportedly not been able to return to his job. He is reportedly being considered for participation in a chronic pain management program but they are requesting a repeat diagnostic interview to obtain updated information on the patient to assess for his appropriateness for further treatment and to assist in treatment planning. Based on the available information, the request for a repeat diagnostic interview examination appears to be reasonable and necessary, per evidence-based guidelines; therefore, the insurer's denial is overturned.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)